PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS all three tests for exemption? **EXEMPTION** – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. TRUSTS - Details regarding "Quaffied Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. in the current calendar year up through the date of filing? E. Did you hold any reportable positions during the reporting period or D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the exchange any securities or reportable real estate in a transaction B. Did you, your spouse, or your dependent child purchase, sell, or A. Did you, your spouse, or your dependent child: Name: 2018 FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** exceeding \$1,000 during the reporting period? reporting period? REPORT TYPE FILER STATUS end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the asset during the reporting period? X X 2018 Annual (Due: May 15, 2019) House of Representatives Member of the U.S. State: District: Yes Yes Yes No ¥es X S X Daytime Telephone: (202) 25-657 Amendment ᇹ Š Š For Use by Members, Officers, and Employees-X × H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period? F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period? Form A Employee Officer or **Employing Office:** Date of Termination: Termination A \$280 pehalty shalf be assessed against any individual who files more than 30 days late. 19HAY - 9 popringe by only) COMME PROBLEM STATE DELIVE Shared Staff Filer Type: (If Applicable) Yes Yes Yes **39**Y Yes Yes Yes Principal Assistant Z Z 8 Z Z Page 1 of _\$ Z š \mathbf{E} K X X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

TIPLA RUN FISHER	CREF Global Equites	GREF County Trake	CREF Growth	7	TIAN Traditional	ABC Hedge Fund X	Examples: Simon & Schuster	SP, SP Mega Corp. Stock EFF	For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	If you report a privately-traded fund that is an Excepted investment Fund, please check the 'E'r' box.	Exclude: Your personal residence, including second homes and vectors homes (unless there was rental home during the reporting period), and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan-	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the neture of its ectivities, and its geographic location in Block A.	For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	the account that exceeds the reporting thresholds.	(do not use only ticker symbols). (do not use only ticker symbols). For all IRAs and other retirement plans (such as Antity) plans (suc	axceeding \$1,000 at the end of the reporting period; and (b) any other reportable asset or source of income that generated more than \$200 in 'unearned' income during the year.	Identify (a) each asset held for investment or production of income and with a fair market value	Assets and/or Income Sources	BLOCK A
X	X	X	×	×	×	×	ndefinile	×	None \$1-\$1,000 \$1,001-\$15,00 \$15,001-\$10,001-\$25,001-\$10,001-\$25,001-\$10,001-\$25,000,000,001-\$25,000,000,001-\$25,000,001-\$25,000,001-\$25,000,001-\$25,000,001-\$25,000,001-\$25,000,001-\$25,000,001-\$25,000,001-\$25,000,000,001-\$25,000,000,000,000,000,000,000,000,000,0	0000 0,000 00,000 000,000 5,000,000 5,000,000	2000,000*					A B C O E F G H - 1 K L M	You have no increase.	during the reporting period and is included only income, the value should be "None." as the value should be "None." as held by your spouse or dependent child in which	te value of asset at close of the reporting period. If you use a ion method other than fair market value, please specify the method	Value of Asset	BLOCK B
×	X	X	, x	×	*	Partnership Income	Royaltes	X	DIVIDENDS RENT INTEREST CAPITAL GAI EXCEPTEOR TAX-DEFERR Other Type of (Specify: e.g.,	BLIND TRUST	······································	r Farm Income)						bzł accounts, you may check the "lax-deferred" column. Dividends, interest, and capitat gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or	Type of Income	BLOCK C
			-			×	×	×	None \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$60,0 \$100,001-\$1,0 \$1,000,001-\$2,0 \$5,000,001-\$2,0 \$5,000,001-\$2,0	000000000000000000000000000000000000000	The over	\$1,000,000*				IX XX XX IIIV IIV IIV V V V V V V V V V	Column XII is for assets heat by your spouse or dependent child in which you have no interest.		For assets for which you checked "Tax-Deferred" in I may check the "None" column. For all other assets	Amount of Income	BLOCK D
								S(part)	P, S, S(part), or E						Leave this column blank if there are no transactions that exceeded \$1,000.	follows: (S (part)).	f only a portion of an asset was sold. please indicate as	punchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting	Indicate if the asset had	Transaction	BLOCK E

	SCHEDULE A - ASSETS & "UNEARNED INCOME"
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																Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	
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SCHEDULE C - EARNED INCOME

Name: Marial large dichark Page of 5

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

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							unit 1	Towa Rublic Employees Represent distern		Evamples: State of Manyland	Source (include date of receipt for honoraria)
						N	one Scal Saint	Some Brain	Spouse Speech Spouse Salary	Approved Teaching Fee Legislative Pension	Туре
							* N/A	NIA	\$1,000 N/A	\$6,000 \$18,000	Amount

SCHEDULE D - LIABILITIES

Name: Thirtel Wayne Locksule Page 5 of 5

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personally liable); and liabilities of a business in which you own an interest (unless you are personal residence). owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

					SP. DC, JT		
		,	Brid	Example			
		rille Lova	I Bank Muhania-	First Bank of Wilmington, DE	Creditor		
		-	1/2015	5/16	Date Liability Incurred MO/YR		
		0 0	mostage on Home	Mortgage on Rental Property, Dover, DE	Type of Liability		
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature

Position	Name of Organization